

# Police Officer's and Firefighter's Survivor Tuition Program

## APPLICATION FOR TUITION WAIVER

**2001-2002 School Year**  
Michigan Department of State Police

*Before you complete this application, read the program requirements and instructions carefully. Follow the instructions for each section as you complete the form. Type or print all information.*

### Section A: Student Information

1. What is your name?

Last	First	Initial
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2. What is your permanent mailing address?

Street Address		
City	State	Zip

3. What is your social security number?

4. What is your date of birth?

5. What is your permanent home phone number?

6. When did you become a legal resident of Michigan?

7. What is your relationship to the deceased police officer or firefighter?

SSN
DOB (mm/dd/yy)
Phone (      )
Resident (mm/dd/yy)
" Spouse      " Child

### Section B: Student Status

8. Were you born **before** January 1, 1978?

" Yes      " No

9. Are you a veteran of the U.S. Armed Forces?

" Yes      " No

10. Are you married?

" Yes      " No

11. Are you an orphan or a ward of the court, or **were** you a ward of the court until age 18?

" Yes      " No

12. Do you have legal dependents? (See instructions)

" Yes      " No

### Section C: Education Information

13. Which school(s) do you plan to attend this academic year?

College/University	Address (City and State)

14. Which degree/certificate program have you selected?

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15. Have you received a bachelor's degree?

" Yes      " No

## Section D: Household Information

If you answered "no" to **all** of the questions in Section B, complete questions 16-20 with the required information about the parent who provides for your support; otherwise skip questions 16-20 and continue with question 21.

16. Who is your parent?

Last	First	Initial
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17. What is your parent's permanent address?

Street Address		
City	State	Zip

18. What is your parent's social security number?

19. What is your parent's permanent home phone number?

20. When did your parent become a legal resident of Michigan?

SSN
Phone (     )
Resident (mm/dd/yy)

**Note: Follow the instructions carefully for questions 21 and 22. Be sure to complete the Household Worksheet and attach an explanation of any change in your marital status.**

21. How many people were members of your household in 2000?

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22. How much income did you receive from death benefits during 2000?

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## Section E: Deceased Information

23. What is the name of the deceased police officer/ firefighter?

Last	First	Initial
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24. What is the deceased's social security number?

25. What is the deceased's date of birth?

26. What is the deceased's date of death?

27. Where was the deceased employed at the time of his/her death?

SSN
DOB (mm/dd/yy)
DOD (mm/dd/yy)
Agency
Department
Mailing Address

28. Cause of death - Provide a brief description and include a certified copy of the death certificate


## Section F: Releases

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form including verification of income reported to the U.S. Internal Revenue Service. I also realize that if I do not provide proof when asked, or misrepresent information on this form, the student shall be denied benefits. I understand that benefits received under this program may be reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency or organization to furnish the Michigan State Police, its representatives and/or agents any and all information pertaining to my college attendance records, grades, progress reports, and financial aid information. I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan State Police pursuant to the authority granted under P.A. 195 of 1996.

Further, I hereby authorize the Michigan State Police to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of P.A. 195 of 1996.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

Everyone whose information is given on this form **must** sign below.

Student	Date
Student's Spouse	Date
Father/Stepfather	Date
Mother/Stepmother	Date
Legal Guardian	Date

## Section G: Attachments

" Household Worksheet. Be sure to complete both sections of the Household Worksheet and return it with your application.

Copies of the following documents are required as supporting documentation for this Application for Tuition Waiver. These documents must remain a permanent part of the application, so please **do not send originals**. Your application will not be processed without the required documents.

" Marriage License. If you are the surviving spouse of the deceased police officer or firefighter, include a true copy of your marriage license.

" Birth Certificate/Adoption Papers. If you are the child of the deceased police officer or firefighter, include a true copy of your birth certificate which shows your parents' names. If you are the adopted child of the deceased police officer or firefighter, include a true copy of your adoption papers.

" Driver's License. If you answered "no" to **all** the questions in Section B, include a copy of your **parent's or guardian's** Michigan driver's license. If you answered "yes" to **any** of the questions in Section B, include a copy of **your** Michigan driver's license.

" Death Certificate. Include a certified copy of the deceased police officer's or firefighter's death certificate.

" Income Tax Return. If you answered "no" to **all** the questions in Section B, include **signed** copies of **both your own and your parent's or guardian's** 2000 Federal Income Tax Returns (1040, 1040A, or 1040EZ). If you answered "yes" to **any** of the questions in Section B, include a **signed** copy of **your** 2000 Federal Income Tax Return (1040, 1040A, or 1040EZ). If your filing status, or that of your parent or guardian, is "married, filing separately", provide **signed** copies of both federal tax returns. **Do not include attachments or schedules.**

## Section H: Submission

Carefully review your application before submission. Be sure that all information has been provided, the form has been signed, and the appropriate enclosures have been attached. Keep a copy of this application for your files and submit the original application to:

Survivor Tuition Waiver Program  
Michigan Commission on Law Enforcement Standards  
Michigan Department of State Police  
7426 North Canal Road  
Lansing, MI 48913

**Police Officer's and Firefighter's Survivor Tuition Program****APPLICATION FOR TUITION WAIVER****2001-2002 School Year**  
Michigan Department of State Police**HOUSEHOLD WORKSHEET**

**Household Members.** List household members by name and relationship to the student. List everyone included in the number entered for question 21.

	First Name	Last Name	Relationship to Student
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Death Benefits.** Identify all income from death benefits received during 2000 as a result of the police officer's or firefighter's death. Include benefits such as life insurance or scholarships, and any interest earnings on these benefits.

Description of Death Benefit	Amount Received in 2000
	\$
Total Death Benefits Received in 2000	\$

# Police Officer's and Firefighter's Survivor Tuition Program

## Program Requirements and Instructions for the APPLICATION FOR TUITION WAIVER

2001-2002 School Year  
Michigan Department of State Police

### P.A. 195 of 1996

Public Act 195 of 1996, the Police Officer's and Firefighter's Survivor Tuition Act, provides for the waiver of tuition at public community and junior colleges and state universities for the surviving spouse and children of Michigan police officers and firefighters killed in the line of duty. The program is intended to provide an educational benefit to the spouse and children of police officers and firefighters who made the ultimate sacrifice for their communities and the citizens of Michigan. Beginning with the academic year 1996-97, tuition will be waived for eligible survivors enrolled in classes leading to a certificate or undergraduate degree.

The Michigan Commission on Law Enforcement Standards (MCOLES) division of the Michigan Department of State Police is responsible for the administration of this program.

### Eligibility Requirements

To be eligible, the person applying must be the spouse or child (natural or adopted) of a Michigan police officer or firefighter, who was killed in the line of duty. A child must be less than age 21 at the time of the police officer's or firefighter's death.

The deceased police officer must have been a sheriff or sheriff deputy, village or township marshal, a police officer of any city, village, or township, an officer of the state police, or any other police officer trained and certified pursuant to the Commission on Law Enforcement Standards Act.

The deceased firefighter must have been a member, volunteer or paid, of a fire department or other organization that provides fire suppression or other fire-related services, of a city, township, village, or county, which is responsible for extinguishment of fires. This does not include a person whose job description, duties, or responsibilities did not include direct involvement in fire suppression.

The death must have been the direct and proximate result of a traumatic injury incurred in the line of duty. Traumatic injury is defined as a wound or condition of the body caused by external force, including, but not limited to, an injury inflicted by bullet, explosive, sharp instrument, blunt object, or other physical blow, fire, smoke, chemical, electricity, climatic condition, infectious disease, radiation, or bacteria, but excluding injury resulting from stress, strain or occupational disease.

### Tuition Waiver Requirements

Eligible surviving spouses and children must meet the following requirements:

P Apply, qualify and be admitted in a program of study leading to a certificate or degree at a Michigan public community college, junior college, or state university.

P Be a legal resident of Michigan for 12 consecutive months preceding application. Dependent students shall use the parent's residency status.

P Provide satisfactory evidence to the Michigan Department of State Police that the applicant is an eligible child or surviving spouse of a police officer or firefighter killed in the line of duty.

P Apply for the first time before the age of 21, if the student is the child of the deceased police officer or firefighter.

P Be certified by the financial aid officer of the eligible college or university that the waiver is needed to meet education expenses. The child's or surviving spouse's family income, excluding any income from death benefits attributable to the police officer's or firefighter's death, must be below 400% of the federal poverty level.

#### 2001-2002 Poverty Guidelines

Family Size	400% of Level	Family Size	400% of Level
1	\$34,360	5	\$82,680
2	\$46,440	6	\$94,760
3	\$58,520	7	\$106,840
4	\$70,600	8	\$118,920

For family units with more than 8 members, add \$3,020 for each additional member.

P Maintain satisfactory academic progress for each enrolled term or semester as defined by the institution of attendance.

P Have not received a bachelor's degree

P Have received a tuition waiver for less than 124 semester hours or 180 terms hours, and for less than a maximum of 9 semesters or the equivalent number of terms.

### Limitations

The eligible college or university may waive tuition only for courses applicable toward a certificate or degree in the program in which the applicant is enrolled. Tuition may be waived for not more than 9 semesters or the equivalent in terms. Tuition may be waived only to the extent that the tuition is not covered or paid by any scholarship, trust fund, statutory benefit, or other source of tuition coverage.

The Michigan Department of State Police shall determine if the applicant is eligible for a tuition waiver based upon the application and supporting documentation submitted by the applicant, and the requirements of the Act. The Department shall annually reimburse the college or university for the total amount of the waived tuition.

### Application Procedure

This application is to be used only for the Police Officer's and Firefighter's Survivor Tuition Program.

In addition to submitting this application, students must make application and enroll in a participating community college or state university. Applicants must also apply for financial aid at the college or university by submitting the Free Application for Federal Student Aid (FAFSA) to the college or university.

### Instructions

**Read the instructions carefully.** Mistakes will delay the processing of your application. Type or print (in ink) all information. Note: All social security numbers required on this application are considered protected information and will be used only for determining eligibility.

#### Section A: Student Information

1. Use your legal name as it appears on your social security card, not a nickname.
2. Write in your permanent mailing address. Do not use your dorm address or the address of your school.
3. Write in your social security number as it appears on your social security card.
4. Write in your date of birth in numeric format.
5. Use the phone number for the address listed in item 2, above.
6. Write in the date you became a legal resident of the state of Michigan. If you have always lived in Michigan, you can use your date of birth as the date you became a legal resident. If you don't know the exact day that you became a legal resident, provide the month and year.
7. Check the box which applies to you (the student).

#### Section B: Student Status

8. Check "Yes" if you were born before January 1, 1978.
9. Check "Yes" if you have engaged in active service in the U.S. armed forces; or were a cadet or midshipman at one of the service academies; and were released under a condition other than dishonorable; or are **not** a veteran now but **will be** one by June 30, 2002.
10. Check "Yes" if you are legally married **as of today**. Also answer "Yes" if you are separated.
11. Check "Yes" if (1) you are currently a ward of the court or were a ward of the court until age 18, or (2) both your parents are deceased and you don't have an adoptive parent or legal guardian.

12. Check "Yes" if you have any children who get more than half of their support from you. Also answer "Yes" if other people (not your spouse) live with you and get more than half of their support from you and will continue to get that support during the 2001-2002 school year.

#### Section C: Education Information

13. List all colleges or universities you plan to attend during the 2001-2002 academic year. Give the name of each school and a

complete mailing address.

14. Write in the name of your course of study as it is described by the school you plan to attend.

15. Check the box which applies to you (the student).

#### Section D: Household Information

For the purposes of this application, "parent" means your mother, father, stepmother, stepfather, or legal guardian.

If you answered "Yes" to **any** of the questions in Section B, you will be considered an **independent student** and your eligibility will be based on your own household information and 2000 income. Skip questions 16-20 and continue with question 21.

If you answered "No" to **all** of the questions in Section B, you will be considered a **dependent student** and your eligibility will be based on the household information and 2000 income of you and your parents or legal guardians. Complete questions 16-20 with the required information regarding your parent or guardian.

16. Write in your parent's or guardian's legal name. Do not use nicknames.

17. Give your parent's or guardian's permanent address. All mail regarding this application will be sent to this address.

18. Write in your parent's or guardian's social security number as it appears on his/her social security card.

19. Use the phone number for the address given in item 17 above.

20. Write in the date your parent or guardian became a legal resident of the state of Michigan. Use the date for the parent whose social security number is provided in item 18, above. If the exact day is not known, give the month and year.

#### Household and Income Information

*Support* includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

If your marital status has changed, or a significant change in your income has occurred since you filed your 2000 federal income tax return, prepare an explanation of the change, on a separate sheet of paper, and attach it to this application.

21. **Dependent Student.** Write in the number of people in your parent's household during 2000 that your parents *supported*. Include your parents and yourself. Include your parents' other children if they get more than half their *support* from your parents. Include other people only if they now live with and get more than half their *support* from your parents and will continue to get this *support* during the 2001-2002 academic year.

**Independent Student.** Write in the number of people in your household during 2000 that you *supported*. Include yourself and your spouse. Include your children if they get more than half their *support* from you. Include other people only if they now live with you and get more than half their *support* from you and will continue to get this *support* during the 2001-2002 academic year.

22. Enter the total amount of income from death benefits received during 2000 as a result of the police officer's or firefighter's death. Include benefits such as life insurance or scholarships, and any interest earnings on these benefits.

**Household Worksheet:** List household members by name and relationship to the student. List all death benefits received in 2000. Give a description of each benefit and the amount received.

#### Section E: Deceased Information

23. Write in the full legal name of the deceased police officer or firefighter. Do not use nicknames.

24. Enter the deceased's social security number.

25. Enter the deceased's date of birth in numeric format.

26. Enter the deceased's date of death in numeric format.

27. Write in the deceased's employer at the time of death. Give the entity and department name; for example, Lansing Police Department or Lansing Fire Department.

28. Give a brief description of the cause of death. Be sure to include a copy of the death certificate with this application.

#### Section F: Releases

Read this section carefully before signing this application. By signing, you and your parent or guardian are agreeing to several conditions. If you have any questions regarding these conditions, please contact the MCOLES staff **before** you sign and submit this application.

#### Section G: Attachments

Several attachments are required as supporting documentation for your application. All of these documents will be used only to determine your eligibility under P.A. 195 of 1996. Your application cannot be processed without these documents.

Be sure to submit **copies** of these documents, as they will become

a permanent part of your application. **Do not send originals.** Where "true" copies are required, be sure to obtain official copies from the issuing agency.

#### Section H: Submission

Carefully review your application before submission. Be sure that all information has been provided, the form has been signed, and the appropriate enclosures have been attached. Make a copy of the application for your records. Mail the completed form to:

Survivor Tuition Waiver Program  
Michigan Commission on Law Enforcement Standards  
Michigan Department of State Police  
7426 North Canal Road  
Lansing, MI 48913

If you have any questions regarding the Survivor Tuition Waiver Program or this application, contact the MCOLES staff at (517) 322-6627.